Appendix A: Tender Submission Form

***An electronic version of this form is available on GETS or on PHARMAC’s website at*** [**www.pharmac.govt.nz**](http://www.pharmac.govt.nz)***. You should expand the boxes as necessary.***

**[*Tenderer to insert date***]

Director of Operations
PHARMAC

C/- Matthew Wolfenden

***By electronic transfer using GETS (***[***https://www.gets.govt.nz***](https://www.gets.govt.nz)***)***

Dear Sir

**Tender bid for the supply of leflunomide to DHB hospitals and/or to community pharmacies - commercial in confidence**

In response to your request for tenders (**RFT**) dated 3 June 2016, we put forward the following tender bid in respect of leflunomide.

Set out below is further information in support of our tender bid.

1. Our contact details (i.e., who communications relating to the attached bid(s) should be made to):

|  |  |
| --- | --- |
| Name of supplier |  |
| Contact person |  |
| Address |  |
| Phone |  |
| Facsimile |  |
| Email address |  |

1. Information about our company structure:

|  |
| --- |
|  |

1. Information about our management and technical skills:

|  |
| --- |
|  |

1. Information about our financial resources:

|  |
| --- |
|  |

1. Information about our, or our supplier’s, existing supply commitments:

|  |
| --- |
|  |

1. Information about our quality assurance processes (where applicable):

|  |
| --- |
|  |

1. Information about our ability to ensure the continuity of supply of the Tender Item:

|  |
| --- |
|  |

1. Our proposed distribution and supply arrangements for the Tender Item

|  |
| --- |
|  |

1. Key features of our tender bid:

|  |
| --- |
|  |

1. Information about our previous supply performance and relevant expertise:

|  |
| --- |
|   |

1. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of this product in New Zealand, with additional information if required:

|  |
| --- |
|  |

1. Details of pharmaceutical presentation(s):

|  |  |
| --- | --- |
| Chemical name |  |
| Strength (e.g. 10 mg) |  |
| Form (e.g. tablet or capsule) |  |
| Brand name |  |
| Pack size (e.g. 30 tablets) |  |
| Packaging type (e.g. Blister pack) |  |
| Date of market approval (please attach copy of Medsafe Gazette notice) |  |
| OR Date of submission of dossier (please attach confirmation from Medsafe that dossier has been submitted) |  |
| OR Expected date of dossier submission to Medsafe |  |
| Insert any other consents required for pharmaceutical |  |
| Lead time (Months) |  |
| The manufacturer(s) of the finished product (and name and location of the packaging site, if different) |  |
| The manufacturer(s) of the active ingredients |  |
| Alternative manufacturers of the finished product and active ingredients (if any) |  |

1. Subsidy/Price per pack ($NZ, GST exclusive):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical** | **Supplier** | **Brand** | **Pack size** | **Strength**  | **Type** | **Supply Market** | **Subsidy/Price per Pack ($ NZD)** |
| Leflunomide |   |   |   | 10 mg  | Individual  | C |   |
| Individual  | H |   |
|   | 20 mg  | Individual  | C |   |
| Individual  | H |   |
|   | 10 mg  | Combined | C & H |   |
|   | 20 mg  | Combined | C & H |   |
|   | 10 mg | Aggregated 1 | C |   |
|   | 20 mg | Aggregated 1 | C |   |
|   | 10 mg | Aggregated 2 | H |   |
|   | 20 mg | Aggregated 2 | H |   |
|   | 10 mg | Aggregated Combined | C & H |   |
|   | 20 mg  | Aggregated Combined | C & H |   |

Note – Please duplicate table for alternative brand(s)

Signed for and on behalf of **<insert name of tenderer>** by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<Insert name>
<Insert designation>**